| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| DISTRICT OF NEW MEXICO                          | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | Chapter 7                       |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | ☐ Chapter 13                    | Check if this is an amended filing |

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1:   | Identify Yourself   |  |   |
|----|---|---|--|---|
|    |   |   | About Debtor 1:                                  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You   | r full name   |  |   |
|    | your<br>pictu<br>exar<br>licer                                      | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Elizabeth First name  Janet Middle name          | First name  Middle name                       |
|    | Bring your picture identification to your meeting with the trustee. |   | Foraker Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2. |   | other names you have<br>d in the last 8 years   |  |   |
|    |   | ide your married or<br>den names.   |  |   |
| 3. | you<br>num<br>Indi  | the last 4 digits of<br>r Social Security<br>sber or federal<br>vidual Taxpayer<br>tification number                      | xxx-xx-0266                                      |   |

|    |  | About Debtor 1:   | Abou   | t Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|---|--------|---|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  |        | ave not used any business name or EINs. ess name(s)   |
|    |  | LING  | Liivo  |   |
| 5. | Where you live   | 2223 Desert Pine  | If Del | otor 2 lives at a different address:  |
|    |  | Alamogordo, NM 88310 Number, Street, City, State & ZIP Code   | Numb   | per, Street, City, State & ZIP Code   |
|    |  | Otero   |        |   |
|    |  | County  | Coun   | ty  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | in he  | otor 2's mailing address is different from yours, fill it re. Note that the court will send any notices to this ag address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Numb   | per, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Chec   | k one:  |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |        | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.        |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |        | I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |
|    |  |   |        |   |

| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |             |  |  |  |                                  |  |
|-----|---|---|-------------|--|--|--|----------------------------------|--|
|     | choosing to file under  | ■ Chap  | oter 7      |  |  |  |                                  |  |
|     |   | ☐ Chap  | oter 11     |  |  |  |                                  |  |
|     |   | ☐ Chap  | oter 12     |  |  |  |                                  |  |
|     |   | ☐ Chap  | oter 13     |  |  |  |                                  |  |
| 8.  | How you will pay the fee  | ab<br>or  | out how yo  | by the entire fee when I file my petition. Please check with the clerk's office in your local court own you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's your attorney is submitting your payment on your behalf, your attorney may pay with a credit calling the dedrose. |  |  |                                  |  |
|     |   |   |             |  |  | on, sign and attach the Application for Individ  | duals to Pay                     |  |
|     |   | ☐ Ir  | equest tha  | at my fee be waiv  | (Official Form 103A).  red (You may request this option fee, and may do so only if your fee. | n only if you are filing for Chapter 7. By law,<br>our income is less than 150% of the official p  | a judge may,<br>overty line that |  |
|     |   | ap  | plies to yo | ur family size and   | you are unable to pay the fee i  | n installments). If you choose this option, you<br>cial Form 103B) and file it with your petition. | u must fill out                  |  |
| 9.  | Have you filed for bankruptcy within the  | ■ No.   |             |  |  |  |                                  |  |
|     | last 8 years?   | ☐ Yes.  |             |  |  |  |                                  |  |
|     |   |   | District    |  | When   | Case number  |                                  |  |
|     |   |   | District    |  | When   | Case number  |                                  |  |
|     |   |   | District    |  | When   | Case number  |                                  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No  |             |  |  |  |                                  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.  |             |  |  |  |                                  |  |
|     |   |   | Debtor      |  |  | Relationship to you  |                                  |  |
|     |   |   | District    |  | When   | Case number, if known  |                                  |  |
|     |   |   | Debtor      |  |  | Relationship to you  |                                  |  |
|     |   |   | District    |  | When   | Case number, if known  |                                  |  |
| 11. | Do you rent your  | □ No.   | Go to       | line 12.   |  |  |                                  |  |
|     | residence?  | Yes.  | Has yo      | our landlord obtair  | ned an eviction judgment agains  | st you?  |                                  |  |
|     |   |   |             | No. Go to line 12  | 2.   |  |                                  |  |
|     |   |   |             | Yes. Fill out <i>Initia</i> bankruptcy petiti  |  | Judgment Against You (Form 101A) and file  | it with this                     |  |

Case number (if known)

Debtor 1 Elizabeth Janet Foraker

| A s bus an i sep as a par                  | Report About Any But a you a sole proprietor any full- or part-time siness?  ole proprietorship is a siness you operate as | sinesses `<br>■ No.    |  | as a Sole Proprietor  |  |  |  |
|--|--|------------------------|--|---|--|--|--|
| A s bus an sep as a par                    | e you a sole proprietor<br>any full- or part-time<br>siness?  ole proprietorship is a<br>siness you operate as             | _                      |  | as a Sole Proprietor  |  |  |  |
| A s bus an i sep as a par                  | any full- or part-time siness?  ole proprietorship is a siness you operate as  | ■ No.                  | Go to F  |   |  |  |  |
| bus<br>an i<br>sep<br>as a<br>par<br>If ye | siness you operate as  |                        | 00 10 1  | Part 4.   |  |  |  |
| bus<br>an i<br>sep<br>as a<br>par<br>If ye | siness you operate as  | ☐ Yes.                 | Name   | and location of business  |  |  |  |
| an i<br>sep<br>as a<br>par<br>If ye        |  |                        |  |   |  |  |  |
|  | individual, and is not a parate legal entity such a corporation, tnership, or LLC.   |                        |  | of business, if any   |  |  |  |
|  | ou have more than one<br>e proprietorship, use a<br>parate sheet and attach  |                        | Numbe  | er, Street, City, State & ZIP Code  |  |  |  |
|  | this petition.   |                        | Check  | the appropriate box to describe your business:  |  |  |  |
|  |  |                        |  | Health Care Business (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|  |  |                        |  | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|  |  |                        |  | Stockbroker (as defined in 11 U.S.C. § 101(53A))  |  |  |  |
|  |  |                        |  | Commodity Broker (as defined in 11 U.S.C. § 101(6))   |  |  |  |
|  |  |                        |  | None of the above   |  |  |  |
| Cha<br>Bai<br>you                          | e you filing under<br>apter 11 of the<br>nkruptcy Code and are<br>u a s <i>mall business</i><br>btor?                      | deadlines<br>operation | s. If you inc  | der Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1)(B). |  |  |  |
|  | a definition of small  | ■ No.                  | I am no  | ot filing under Chapter 11.   |  |  |  |
|  | siness debtor, see 11<br>S.C. § 101(51D).  | □ No.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |   |  |  |  |
|  |  | ☐ Yes.                 | I am fil   | ling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |  |  |  |
| Part 4:                                    | Report if You Own or   | Have Anv               | Hazardou   | us Property or Any Property That Needs Immediate Attention  |  |  |  |
|  | you own or have any  | ■ No.                  |  |   |  |  |  |
|  | pperty that poses or is  |                        |  |   |  |  |  |
| of i<br>ide                                | eged to pose a threat<br>mminent and<br>ntifiable hazard to<br>blic health or safety?                                      | ☐ Yes.                 | What is th   | he hazard?  |  |  |  |
| Or<br>pro                                  | do you own any operty that needs mediate attention?  |                        |  | iate attention is<br>why is it needed?  |  |  |  |
| per<br>live<br>or a                        | r example, do you own<br>rishable goods, or<br>estock that must be fed,<br>a building that needs<br>rent repairs?          |                        | Where is   | the property?   |  |  |  |
|  |  |                        |  | Number, Street, City, State & Zip Code  |  |  |  |
|  |  |                        |  |   |  |  |  |

#### Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Elizabeth Janet Fo   | oraker                |  | Case nun  | nber (if known)   |  |  |  |
|-----|---|-----------------------|--|---|---|--|--|--|
| Par | t 6: Answer These Questi  | ons for Re            | porting Purposes   |   |   |  |  |  |
| 16. | What kind of debts do you have?   | 16a.                  |  | consumer debts? Consumer debts are created and consumer debts are consumer debts are consumer debts." | defined in 11 U.S.C. § 101(8) as "incurred by an  |  |  |  |
|     |   |                       | ☐ No. Go to line 16b.  |   |   |  |  |  |
|     |   |                       | Yes. Go to line 17.  |   |   |  |  |  |
|     |   | 16b.                  | <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |   |   |  |  |  |
|     |   |                       | ☐ No. Go to line 16c.  |   |   |  |  |  |
|     |   |                       | ☐ Yes. Go to line 17.  |   |   |  |  |  |
|     |   | 16c.                  | State the type of debts you  | owe that are not consumer debts or busi   | ness debts  |  |  |  |
| 17. | Are you filing under Chapter 7?   | □ No.                 | I am not filing under Chapte   | er 7. Go to line 18.  |   |  |  |  |
|     | Do you estimate that after any exempt property is excluded and                          |                       | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?        |   |   |  |  |  |
|     | administrative expenses   |                       | ■ No   |   |   |  |  |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |                       | ☐ Yes  |   |   |  |  |  |
| 18. | How many Creditors do   | <b>1</b> -49          |  | <b>1</b> ,000-5,000   | <b>2</b> 5,001-50,000   |  |  |  |
|     | you estimate that you owe?  | □ 50-99               |  | ☐ 5001-10,000   | 50,001-100,000  |  |  |  |
|     |   | ☐ 100-19<br>☐ 200-99  | -  | □ 10,001-25,000   | ☐ More than100,000  |  |  |  |
| 19. | How much do you   | □ \$0 - \$5           | 50,000   | □ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion   |  |  |  |
|     | estimate your assets to be worth?   |                       | 01 - \$100,000   | □ \$10,000,001 - \$50 million   | \$1,000,000,001 - \$10 billion  |  |  |  |
|     |   |                       | 001 - \$500,000<br>001 - \$1 million   | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                                     | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                                    |  |  |  |
| 20. | How much do you   | □ \$0 - \$5           |  | □ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion   |  |  |  |
|     | estimate your liabilities to be?  |                       | 01 - \$100,000   | □ \$10,000,001 - \$50 million   | \$1,000,000,001 - \$10 billion  |  |  |  |
|     |   |                       | 001 - \$500,000<br>001 - \$1 million   | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                                     | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                                    |  |  |  |
| Par | t7: Sign Below  |                       |  |   |   |  |  |  |
| For | you   | I have exa            | amined this petition, and I de   | eclare under penalty of perjury that the inf  | formation provided is true and correct.   |  |  |  |
|     |   |                       |  | 7, I am aware that I may proceed, if eligit relief available under each chapter, and                  | ble, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.          |  |  |  |
|     |   |                       |  | not pay or agree to pay someone who is the notice required by 11 U.S.C. § 342(b).                     |   |  |  |  |
|     |   | I request             | relief in accordance with the  | chapter of title 11, United States Code, s  | specified in this petition.   |  |  |  |
|     |   | bankrupto<br>and 3571 | y case can result in fines up  |   | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |
|     |   | Elizabet              | h Janet Foraker of Debtor 1  | Signature of De   | btor 2  |  |  |  |
|     |   | Executed              | on October 17, 2019<br>MM / DD / YYYY  | Executed on   | MM / DD / YYYY  |  |  |  |

| Debtor 1 Elizabeth Janet F  | oraker   | Cas                   | Case number (if known)  |  |  |
|---|--|-----------------------|---|--|--|
|   |  |                       |   |  |  |
| For your attorney, if you are represented by one                                    | under Chapter 7, 11, 12, or 13 of title 11, United | States Code, and have | e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |  |  |
| If you are not represented by<br>an attorney, you do not need<br>to file this page. | , ,  |                       | wledge after an inquiry that the information in the   |  |  |
|   | /s/ Kenneth G. Egan                                | Date                  | October 17, 2019  |  |  |
|   | Signature of Attorney for Debtor                   |                       | MM / DD / YYYY  |  |  |
|   | Kenneth G. Egan                                    |                       |   |  |  |
|   | Printed name                                       |                       |   |  |  |
|   | Law Offices of Kenneth G. Egan & Ass               | oc.                   |   |  |  |
|   | Firm name  |                       |   |  |  |
|   | 1111 E. Lohman Ave.                                |                       |   |  |  |
|   | Las Cruces, NM 88001                               |                       |   |  |  |
|   | Number, Street, City, State & ZIP Code             |                       |   |  |  |

Email address

bk\_egan@yahoo.com

Contact phone **575-523-2222** 

Bar number & State

| Fill       | in this inform                                      | nation to identify your                                   | case:  |   |  |             |                               |
|------------|---|---|--|---|--|-------------|-------------------------------|
| Deb        | otor 1  | Elizabeth Janet F   | oraker   |   |  |             |                               |
| Dok        | otor 2  | First Name  | Middle Name  | Last Name   |  |             |                               |
|            | use if, filing)                                     | First Name  | Middle Name  | Last Name   |  |             |                               |
| Uni        | ted States Bar                                      | nkruptcy Court for the:                                   | DISTRICT OF NEW MEX  | KICO  |  |             |                               |
| l .        | se number   |   |  |   |  | _           | if this is an                 |
|            |   |   |  |   |  | amend       | ded filing                    |
| <b>∩</b> f | ficial Ear  | rm 106Sum   |  |   |  |             |                               |
|            |   |   | and Liabilities and  | d Certain Statistical I   | nformation                                 | ,           | 12/15                         |
| Be a       | ns complete a<br>rmation. Fill c<br>r original forn | nd accurate as possik<br>out all of your schedul          | ole. If two married people a<br>es first; then complete the  | are filing together, both are eques information on this form. If you the box at the top of this page. | ally responsible fo<br>u are filing amende | r supplyin  | g correct                     |
|            |   |   |  |   |  | Your as     | ssets<br>If what you own      |
| 1.         | Schedule A<br>1a. Copy line                         | <b>/B: Property</b> (Official Fe 55, Total real estate, f | orm 106A/B)<br>rom Schedule A/B                              |   |  | \$          | 275,000.00                    |
|            | 1b. Copy line                                       | e 62, Total personal pro                                  | perty, from Schedule A/B                                     |   |  | \$          | 16,400.00                     |
|            | 1c. Copy line                                       | e 63, Total of all propert                                | y on Schedule A/B  |   |  | \$          | 291,400.00                    |
| Par        | t 2: Summa  | arize Your Liabilities                                    |  |   |  |             |                               |
|            |   |   |  |   |  |             | <b>abilities</b><br>t you owe |
| 2.         |   |   | claims Secured by Property (<br>mn A, Amount of claim, at th | (Official Form 106D)<br>ne bottom of the last page of Part  | 1 of Schedule D                            | \$          | 348,883.51                    |
| 3.         |   |   | Unsecured Claims (Official 1 (priority unsecured claims      | Form 106E/F)<br>s) from line 6e of <i>Schedule E/F</i>  |  | \$          | 0.00                          |
|            | 3b. Copy the  | e total claims from Part                                  | 2 (nonpriority unsecured cla                                 | aims) from line 6j of Schedule E/F  |  | \$          | 101,254.43                    |
|            |   |   |  | Yo  | our total liabilities                      | \$          | 450,137.94                    |
| Par        | t 3: Summa  | arize Your Income and                                     | l Expenses   |   | •  |             |                               |
| 4.         |   | Your Income (Official Fo                                  |  | l   |  | \$          | 3,374.03                      |
| 5.         |   | Your Expenses (Officia<br>conthly expenses from I         | ,  |   |  | \$          | 3,385.00                      |
| Par        | t 4: Answe  | r These Questions for                                     | Administrative and Statis                                    | stical Records  |  |             |                               |
| 6.         | -   | • • •   | er Chapters 7, 11, or 13?<br>t on this part of the form. Ch  | eck this box and submit this form   | to the court with you                      | r other sch | nedules.                      |
| 7.         | ■ Yes<br>What kind o                                | of debt do you have?                                      |  |   |  |             |                               |
|            |   |   |  | ebts are those "incurred by an indigent of statistical purposes. 28 U.S.C                             |  | ı personal, | family, or                    |

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,917.13 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

Best Case Bankruptcy

| Debtor 1                            | Elizabeth Janet Forak                               | er  |                                    |  |  |
|-------------------------------------|---|---|------------------------------------|--|--|
|                                     | First Name  | Middle Name Last Name   |                                    |  |  |
| Debtor 2<br>Spouse, if filing)      | First Name  | Middle Name Last Name   |                                    |  |  |
| Jnited States Bank                  | ruptcy Court for the: DIST                          | RICT OF NEW MEXICO  |                                    |  |  |
| Case number                         |   |   |                                    |  | ☐ Check if this is a amended filing  |
| each category, sep                  | A/B: Propert  | S. List an asset only once. If an asset fits in more than possible. If two married people are filing together, both                   |                                    |  |  |
| No. Go to Part 2                    | , , ,   | est in any residence, building, land, or similar property   | y :                                |  |  |
| ■ Yes. Where is the                 |   |   |                                    |  |  |
| .1<br>19 Six Sprin                  | ne property?  | What is the property? Check all that apply  Single-family home  Duplex or multi-unit building  Condominium or cooperative             | the amo                            | ount of any secure   | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ms Secured by Property.               |
| .1<br>19 Six Sprin                  | ne property?  | Single-family home  Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home  Land                       | current entire p                   | value of the roperty?  | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$275,000.0 |
| 1 19 Six Sprin Street address, if a | ngs Rd available, or other description  NM 88337-00 | Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property | Current entire p  Describ (such a: | event of any secure of who Have Clair value of the property? | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?             |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debi       | _               | ilizabeth Janet Foraker  |  | ase number (ir known)                 |   |
|------------|-----------------|--|--|---------------------------------------|---|
|            |                 | trucks, tractors, sport utility ve   | nicies, motorcycles  |                                       |   |
|            |                 |  |  |                                       |   |
| •          | Yes             |  |  |                                       |   |
| 3.1        | Make:           | Toyota   | Who has an interest in the property? Check one                               |                                       | ured claims or exemptions. Put  |
| 0.1        | Model:          | Tundra   | Debtor 1 only  |                                       | secured claims on Schedule D: re Claims Secured by Property.                      |
|            | Year:           | 2002   | ☐ Debtor 2 only  | Current value of the                  |   |
|            | Approxin        | nate mileage: <b>260,000</b>   | Debtor 1 and Debtor 2 only   | entire property?                      | portion you own?  |
|            | Other inf       | ormation:  | $\square$ At least one of the debtors and another                            |                                       |   |
|            |                 |  | ☐ Check if this is community property (see instructions)                     | \$4,000                               | .00 \$4,000.00  |
|            | Make            | Avalon   | Who has an interest in the managing Object                                   | Do not deduct secu                    | red claims or exemptions. Put   |
| 3.2        | Make:           | Avuion   | Who has an interest in the property? Check one                               | the amount of any                     | secured claims on Schedule D: re Claims Secured by Property.                      |
|            | Model:<br>Year: | 2008   | ■ Debtor 1 only □ Debtor 2 only  |                                       |   |
|            |                 | nate mileage: 200,000  | Debtor 2 only  Debtor 1 and Debtor 2 only                                    | Current value of the entire property? | he Current value of the portion you own?  |
|            |                 | ormation:  | ☐ At least one of the debtors and another                                    | cilino proporty :                     | portion you out   |
|            |                 |  | ☐ Check if this is community property (see instructions)                     | \$2,000                               | .00 \$2,000.00  |
|            | Yes             |  |  |                                       |   |
|            |                 |  | n for all of your entries from Part 2, including a that number here          |                                       | \$6,000.00  |
| Part 3     | Descri          | be Your Personal and Household Ite   | ems  |                                       |   |
| Do y       | ou own o        | or have any legal or equitable in  | terest in any of the following items?  |                                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>E</i> > |                 | goods and furnishings Major appliances, furniture, linens scribe                       | , china, kitchenware   |                                       |   |
|            |                 | Usual househol   | d goods and furnishings  |                                       | \$6,000.00  |
|            |                 | <u> </u>   |  |                                       |   |
| Ex         | ·               |  | eo, stereo, and digital equipment; computers, printe<br>nedia players, games | ers, scanners; music co               | ollections; electronic devices  |
| _          | No<br>Yes. De   | scribe   |  |                                       |   |
|            |                 | Electronics  |  |                                       | \$300.00  |
|            |                 | <u> </u>   |  |                                       |   |
| E          | camples: i      | s of value<br>Antiques and figurines; paintings,<br>other collections, memorabilia, co | prints, or other artwork; books, pictures, or other an<br>llectibles         | rt objects; stamp, coin,              | or baseball card collections;   |
| _          | Yes. De         | scribe   |  |                                       |   |

| De  | btor 1              | Elizabeth Janet Foraker  | Case number (if known)       |   |
|-----|---------------------|--|------------------------------|---|
|     |                     | nt for sports and hobbies<br>s: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables,  | golf clubs, skis; canoes and | kayaks; carpentry tools:  |
|     | _                   | musical instruments  | g,,                          | ,,,,  |
|     | ■ No<br>□ Yes. □    | Describe   |                              |   |
|     |                     | s<br>es: Pistols, rifles, shotguns, ammunition, and related equipment  |                              |   |
| _   | □ No<br>■ Yes. □    | Describe   |                              |   |
|     |                     | Guns   |                              | \$300.00  |
| I   | □ No <sup>′</sup>   | es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe   |                              |   |
|     |                     | Clothing   |                              | \$500.00  |
| 13. | Non-farn<br>Example | Describe  Jewlery  n animals es: Dogs, cats, birds, horses   |                              | \$100.00  |
|     | □ No<br>■ Yes. □    | Describe   |                              |   |
|     |                     | 2 dogs and 2 cats  |                              | \$0.00  |
| ١   | No                  | er personal and household items you did not already list, including any health a   | aids you did not list        |   |
| 15. |                     | e dollar value of all of your entries from Part 3, including any entries for pages t 3. Write that number here   | you have attached            | \$7,200.00  |
| Par | t 4: Desc           | cribe Your Financial Assets  |                              |   |
| Do  | you own             | or have any legal or equitable interest in any of the following?   |                              | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ı   | No                  | es: Money you have in your wallet, in your home, in a safe deposit box, and on hand  | when you file your petition  |   |
| 17. | Deposits            | es: Checking, savings, or other financial accounts; certificates of deposit; shares in clinstitutions. If you have multiple accounts with the same institution, list each. | redit unions, brokerage hous | es, and other similar   |
|     |                     | Institution name:  |                              |   |

Official Form 106A/B Schedule A/B: Property page 3

| Debtor 1 Elizabeth Janet Foraker |   |                       | raker   | Case number (if known)   |   |  |  |
|----------------------------------|---|-----------------------|---|--|---|--|--|
|                                  |   | 17.1.                 | Checking/Savings                                      | Navy Federal Credit Union  | \$200.00  |  |  |
|                                  |   | 17.2.                 | Checking/Savings                                      | Wells Fargo  | \$3,000.00  |  |  |
| 18                               | . Bonds, mutual funds,<br>Examples: Bond funds          |                       |   | ge firms, money market accounts  |   |  |  |
|                                  | ■ No □ Yes  |                       | Institution or issuer name                            | 9.   |   |  |  |
| 19                               | . Non-publicly traded st                                | ock and               |   | d and unincorporated businesses, including an interest   | in an LLC, partnership, and                                 |  |  |
|                                  | joint venture ■ No                                      |                       |   |  |   |  |  |
|                                  | ☐ Yes. Give specific inf                                |                       | n about them  | % of ownership:  |   |  |  |
| 20                               | Negotiable instruments Non-negotiable instrun           | include               | personal checks, cashiers                             | e and non-negotiable instruments ' checks, promissory notes, and money orders. to someone by signing or delivering them. |   |  |  |
|                                  | ■ No □ Yes. Give specific info                          |                       | about them suer name:                                 |  |   |  |  |
| 21                               | Retirement or pension  Examples: Interests in           |                       |   | ), thrift savings accounts, or other pension or profit-sharing pl  | ans   |  |  |
|                                  | ☐ Yes. List each accour                                 |                       | ntely.<br>of account:                                 | Institution name:  |   |  |  |
| 22                               |   | d deposi              | its you have made so that                             | you may continue service or use from a company c utilities (electric, gas, water), telecommunications companie           | es, or others   |  |  |
|                                  | ■ No  |                       |   |  |   |  |  |
|                                  | ☐ Yes   |                       |   | Institution name or individual:  |   |  |  |
| 23                               | Annuities (A contract for No                            | or a perio            | odic payment of money to                              | you, either for life or for a number of years)   |   |  |  |
|                                  | ☐ Yes Is  | suer nan              | ne and description.                                   |  |   |  |  |
| 24                               | 26 U.S.C. §§ 530(b)(1),                                 | on IRA, i<br>529A(b), | in an account in a qualifi<br>and 529(b)(1).          | ed ABLE program, or under a qualified state tuition prog   | ram.  |  |  |
|                                  | ■ No □ YesIn  | stitution             | name and description. Se                              | parately file the records of any interests.11 U.S.C. § 521(c):   |   |  |  |
| 25                               | . Trusts, equitable or fu                               | ture inte             | erests in property (other                             | than anything listed in line 1), and rights or powers exerc  | cisable for your benefit                                    |  |  |
|                                  | Yes. Give specific inf                                  | ormation              | about them  |  |   |  |  |
| 26                               |   |                       | ks, trade secrets, and othes, websites, proceeds from | her intellectual property om royalties and licensing agreements  |   |  |  |
|                                  | ☐ Yes. Give specific inf                                | ormation              | about them  |  |   |  |  |
| 27                               | _ ,   |                       |   | ve association holdings, liquor licenses, professional licenses  | 3   |  |  |
|                                  | <ul><li>■ No</li><li>□ Yes. Give specific inf</li></ul> | ormation              | about them  |  |   |  |  |
| M                                | oney or property owed                                   | to you?               |   |  | Current value of the portion you own? Do not deduct secured |  |  |

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

| De  | ebtor 1         | Elizabeth Janet Foraker   | Case number (if known)                             |                            |
|-----|-----------------|---|--|----------------------------|
|     | ■ No            | unds owed to you  Give specific information about them, including whether you a   | already filed the returns and the tax years        |                            |
|     | Examp<br>■ No   | support  les: Past due or lump sum alimony, spousal support, child su  Give specific information  | pport, maintenance, divorce settlement, property   | settlement                 |
| 30. |                 | amounts someone owes you  bles: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else                           | penefits, sick pay, vacation pay, workers' comper  | nsation, Social Security   |
|     | Interes         | Give specific information  ts in insurance policies  les: Health, disability, or life insurance; health savings account   | nt (HSA); credit, homeowner's, or renter's insurar | ice                        |
|     | ☐ Yes.          | Name the insurance company of each policy and list its value<br>Company name:   | Beneficiary:                                       | Surrender or refund value: |
|     | If you a some o | erest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a life ne has died.  Give specific information |  | eive property because      |
|     | Examp<br>■ No   | against third parties, whether or not you have filed a law ples: Accidents, employment disputes, insurance claims, or rigonal Describe each claim                 |  |                            |
|     | ■ No            | contingent and unliquidated claims of every nature, included Describe each claim  | ling counterclaims of the debtor and rights to     | set off claims             |
|     | ■ No            | ancial assets you did not already list  |  |                            |
|     | . Add t         | Give specific information  he dollar value of all of your entries from Part 4, including art 4. Write that number here  |  | \$3,200.00                 |
| Pa  | rt 5: De        | scribe Any Business-Related Property You Own or Have an Intere  | est In. List any real estate in Part 1.            |                            |
| ı   | No. Go          | own or have any legal or equitable interest in any business-relate to Part 6. so to line 38.  | d property?  |                            |
| Pa  |                 | scribe Any Farm- and Commercial Fishing-Related Property You out own or have an interest in farmland, list it in Part 1.  | Own or Have an Interest In.                        |                            |
| 46. | ■ No.           | own or have any legal or equitable interest in any farm-o   | or commercial fishing-related property?            |                            |
|     | ☐ Yes           | Go to line 47.  |  |                            |

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

Official Form 106A/B Schedule A/B: Property

page 5

| Debtoi       | Elizabeth Janet Foraker  |                | Case number (if known)    |                         |
|--------------|--|----------------|---------------------------|-------------------------|
|              | you have other property of any kind you did not already list     | ?              |                           |                         |
|              | No   |                |                           |                         |
|              | es. Give specific information                                    |                |                           |                         |
| 54. <b>A</b> | dd the dollar value of all of your entries from Part 7. Write th | at number here |                           | \$0.00                  |
| Part 8:      | List the Totals of Each Part of this Form                        |                |                           |                         |
| 55. <b>P</b> | art 1: Total real estate, line 2                                 |                |                           | \$275,000.00            |
| 56. <b>P</b> | art 2: Total vehicles, line 5                                    | \$6,000.00     |                           | <u> </u>                |
| 57. <b>P</b> | art 3: Total personal and household items, line 15               | \$7,200.00     |                           |                         |
| 58. <b>P</b> | art 4: Total financial assets, line 36                           | \$3,200.00     |                           |                         |
| 59. <b>P</b> | art 5: Total business-related property, line 45                  | \$0.00         |                           |                         |
| 60. <b>P</b> | art 6: Total farm- and fishing-related property, line 52         | \$0.00         |                           |                         |
| 61. <b>P</b> | art 7: Total other property not listed, line 54 +                | \$0.00         |                           |                         |
| 62. <b>T</b> | otal personal property. Add lines 56 through 61                  | \$16,400.00    | Copy personal property to | stal <b>\$16,400.00</b> |
| 63. <b>T</b> | otal of all property on Schedule A/B. Add line 55 + line 62      |                |                           | \$291,400.00            |

| Debtor 1            | Elizabeth Janet F        | oraker             |                 |                                      |
|---------------------|--------------------------|--------------------|-----------------|--------------------------------------|
|                     | First Name               | Middle Name        | Last Name       |                                      |
| Debtor 2            |                          |                    |                 |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name       |                                      |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW ME | EXICO           |                                      |
| Case number         |                          |                    |                 |                                      |
| (if known)          |                          |                    |                 | ☐ Check if this is an amended filing |
| Official Fo         | orm 106C                 |                    |                 |                                      |
|                     |                          |                    |                 |                                      |
| Schedul             | e C: The Pro             | operty You C       | Claim as Exempt | 4/                                   |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  |                                      |       |   |                                    |  |  |  |
|----|--|--------------------------------------|-------|---|------------------------------------|--|--|--|
|    | ☐ You are claiming state and federal nonban  | kruptcy exemptions. 1                | 1 U.S | s.C. § 522(b)(3)  |                                    |  |  |  |
|    | ■ You are claiming federal exemptions. 11 to   | J.S.C. § 522(b)(2)                   |       |   |                                    |  |  |  |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |                                      |       |   |                                    |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property                | Current value of the portion you own | Amo   | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |
|    |  | Copy the value from<br>Schedule A/B  | Che   | ck only one box for each exemption.                             |                                    |  |  |  |
|    | 19 Six Springs Rd La Luz, NM 88337<br>Otero County   | \$275,000.00                         |       | \$0.00  | 11 U.S.C. § 522(d)(5)              |  |  |  |
|    | Line from Schedule A/B: 1.1  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | 2002 Toyota Tundra 260,000 miles Line from Schedule A/B: 3.1                                       | \$4,000.00                           |       | \$4,000.00  | 11 U.S.C. § 522(d)(2)              |  |  |  |
|    | Ellie Holli Schedule A.B. 3.1  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | 2008 Avalon 200,000 miles  | \$2,000.00                           |       | \$2,000.00  | 11 U.S.C. § 522(d)(5)              |  |  |  |
|    | Ellie IIIIII Schedule A/B. 3.2   |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Usual household goods and furnishings  | \$6,000.00                           |       | \$6,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|    | Line from Schedule A/B: <b>6.1</b>   |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Electronics Line from Schedule A/B: 7.1  | \$300.00                             |       | \$300.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|    | Line nom Schedule A/D. 1-1   |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |

Part 1: Identify the Property You Claim as Exempt

| Deb | tor 1 Elizabeth Janet Foraker  |                                      |         | Case number (if known)  |                                    |
|-----|--|--------------------------------------|---------|---|------------------------------------|
|     | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|     |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|     | Guns Line from Schedule A/B: 10.1  | \$300.00                             |         | \$300.00  | 11 U.S.C. § 522(d)(5)              |
| _   | Ellie Holli Golloddio 702. 1011  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Clothing Line from Schedule A/B: 11.1  | \$500.00                             |         | \$500.00  | 11 U.S.C. § 522(d)(3)              |
|     | Life from Scriedule AVD. 11.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Jewlery Line from Schedule A/B: 12.1   | \$100.00                             |         | \$100.00  | 11 U.S.C. § 522(d)(4)              |
|     | Line from Scriedule A/B. 12.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | 2 dogs and 2 cats Line from Schedule A/B: 13.1   | \$0.00                               |         | \$0.00  | 11 U.S.C. § 522(d)(5)              |
|     | Life from Scriedule AVB. 13.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Checking/Savings: Navy Federal Credit Union  | \$200.00                             |         | \$200.00  | 11 U.S.C. § 522(d)(5)              |
|     | Line from Schedule A/B: 17.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Checking/Savings: Wells Fargo Line from Schedule A/B: 17.2                             | \$3,000.00                           |         | \$3,000.00  | 11 U.S.C. § 522(d)(5)              |
|     | Elle Holli Genedale AVD. TTIE  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every     |                                      |         | led on or after the date of adjustmer                           | nt.)                               |
|     |  |                                      |         |   | •                                  |
|     | Yes. Did you acquire the property cove   | red by the exemption w               | ithin 1 | ,215 days before you filed this case                            | ?                                  |
|     | □ No<br>□ Yes  |                                      |         |   |                                    |
|     | □ 162  |                                      |         |   |                                    |

| Fill in this information             | on to identify you      | r case:   |              |   |  |                          |
|--------------------------------------|-------------------------|---|--------------|---|--|--------------------------|
|                                      | Elizabeth Janet         |   |              |   |  |                          |
|                                      | First Name              |   | st Name      |   |  |                          |
| Debtor 2<br>(Spouse if, filing)      | rirst Name              | Middle Name La  | st Name      |   |  |                          |
| United States Bankru                 | ptcy Court for the:     | DISTRICT OF NEW MEXICO  |              |   |  |                          |
| Case number                          |                         |   |              |   |  |                          |
| (if known)                           |                         |   |              |   | ☐ Check                                      | if this is an            |
|                                      |                         |   |              |   | amen   | ded filing               |
| Official Form 1                      | 06D                     |   |              |   |  |                          |
|                                      | <del></del>             | Who Have Claims Se  | cured        | hy Property   | <b>M</b>                                     | 12/15                    |
| Scriedale D.                         | Creditors               | Who have claims se  | curcu        | by 1 Topert   | <u>y</u>                                     | 12/13                    |
|                                      |                         | f two married people are filing together, b<br>out, number the entries, and attach it to th     |              |   |  |                          |
| 1. Do any creditors have             | e claims secured by     | your property?  |              |   |  |                          |
| □ No. Check this                     | s box and submit th     | is form to the court with your other sch  | edules. You  | u have nothing else to                                  | o report on this form.                       |                          |
| Yes. Fill in all                     | of the information b    | pelow.  |              |   |  |                          |
| Part 1: List All Se                  | cured Claims            |   |              |   |  |                          |
| 2. List all secured clair            | ns. If a creditor has n | nore than one secured claim, list the creditor  | separately   | Column A  | Column B                                     | Column C                 |
| for each claim. If more to           | than one creditor has   | a particular claim, list the other creditors in F<br>al order according to the creditor's name. |              | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 US Bank                          |                         | Describe the property that secures the o  | laim:        | \$348,883.51  | \$275,000.00                                 | <b>\$73,883.51</b>       |
| Creditor's Name                      |                         | 19 Six Springs Rd La Luz, NM 8 Otero County   | 8337         |   |  |                          |
| 4801 Frederic<br>Owensboro,          |                         | As of the date you file, the claim is: Checapply.   | k all that   |   |  |                          |
| Number, Street, City                 |                         | ☐ Contingent ☐ Unliquidated   |              |   |  |                          |
| rumber, direct, only                 | , State & Zip Code      | ☐ Disputed  |              |   |  |                          |
| Who owes the debt?                   | Check one.              | Nature of lien. Check all that apply.   |              |   |  |                          |
| Debtor 1 only                        |                         | ☐ An agreement you made (such as mort   | gage or secu | red   |  |                          |
| Debtor 2 only                        |                         | car loan)   |              |   |  |                          |
| Debtor 1 and Debtor                  | •                       | Statutory lien (such as tax lien, mechan  | ic's lien)   |   |  |                          |
| At least one of the de               |                         | ☐ Judgment lien from a lawsuit  |              |   |  |                          |
| ☐ Check if this claim community debt | relates to a            | Other (including a right to offset)   |              |   |  |                          |
| Date debt was incurred               | d                       | Last 4 digits of account number   | 8528         |   |  |                          |
| Add the dollar value                 | of your entries in Co   | olumn A on this page. Write that number l   | noro:        | \$348,88  | 3 51   |                          |
| If this is the last page             | e of your form, add t   | he dollar value totals from all pages.  |              | \$348,88  |  |                          |
| Write that number he                 | ere:                    | · -   |              | <b>\$340,88</b>   | 3.31   |                          |
| Part 2: List Others                  | to Be Notified for      | a Debt That You Already Listed  |              |   |  |                          |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

| Fill in 1            | this information to identify your  | case:  |  |                                      |
|----------------------|--|--|--|--------------------------------------|
| Debtor               | Elizabeth Janet F  | oraker   |  |                                      |
|                      | First Name   | Middle Name  | Last Name  |                                      |
| Debtor<br>(Spouse i  |  | Middle Name  | Last Name  |                                      |
| United               | States Bankruptcy Court for the:   | DISTRICT OF NEW ME   | EXICO  |                                      |
| Case n               |  |  |  | ☐ Check if this is an amended filing |
| Offici               | al Form 106E/F   |  |  |                                      |
|                      | edule E/F: Creditors W   | ho Have Unsecu   | ured Claims  | 12/15                                |
| Schedul<br>eft. Atta | le D: Creditors Who Have Claims Sec<br>nich the Continuation Page to this pag<br>nich the Continuation Page to this pag<br>nich the Creation (if known). | ured by Property. If more specifies If you have no information | 106G). Do not include any creditors with partially secure ace is needed, copy the Part you need, fill it out, number to report in a Part, do not file that Part. On the top of                 | ber the entries in the boxes on the  |
| 1. Do                | any creditors have priority unsecure   | d claims against you?  |  |                                      |
|                      | No. Go to Part 2.  |  |  |                                      |
|                      | Yes.   |  |  |                                      |
|                      |  |  |  |                                      |
| Part 2:              | List All of Your NONPRIORIT  | Y Unsecured Claims   |  |                                      |
| 3. Do                | any creditors have nonpriority unsec   | ured claims against you?                                       |  |                                      |
|                      | No. You have nothing to report in this pa  | art. Submit this form to the co                                | urt with your other schedules.   |                                      |
|                      | Yes.   |  |  |                                      |
| uns                  | secured claim, list the creditor separately none creditor holds a particular claim, li   | for each claim. For each clai                                  | ler of the creditor who holds each claim. If a creditor ha<br>im listed, identify what type of claim it is. Do not list claims :<br>8.If you have more than three nonpriority unsecured claims | already included in Part 1. If more  |
|                      |  |  |  | Total claim                          |
| 4.1                  | Barclay's Bank Delaware  | Last 4 digits  | s of account number 7346   | \$12,518.00                          |
|                      | Nonpriority Creditor's Name PO Box 8803  | When was t   | he debt incurred?  |                                      |
|                      | Wilmington, DE 19899  Number Street City State Zip Code  | As of the da   | te you file, the claim is: Check all that apply  |                                      |
|                      | Who incurred the debt? Check one.  |  |  |                                      |
|                      | Debtor 1 only  | ☐ Continge   | nt   |                                      |
|                      | Debtor 2 only  | ☐ Unliquida  | ated   |                                      |
|                      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |                                      |
|                      | ☐ At least one of the debtors and and  | other Type of NO   | NPRIORITY unsecured claim:   |                                      |
|                      | - , it icast one of the deptors and and  |  |  |                                      |
|                      | ☐ Check if this claim is for a comm  | •  | <del></del>  |                                      |
|                      | ☐ Check if this claim is for a commodebt   | Obligation   | ns arising out of a separation agreement or divorce that yo  | ou did not                           |
|                      | ☐ Check if this claim is for a comm  | Obligation report as prior                                     | ns arising out of a separation agreement or divorce that yo  | u did not                            |

| Diamond Resorts  | Last 4 digits of account number 9240   | ¢42 220 20  |
|--|--|-------------|
| Nonpriority Creditor's Name  | Last 4 digits of account number 8349   | \$12,239.29 |
| P O Box 13337  | When was the debt incurred?  |             |
| Philadelphia, PA 19101-3337  | - Acceptable to the state of th |             |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |             |
| Debtor 1 only  | Поли   |             |
| Debtor 2 only  | ☐ Contingent ☐ Unliquidated  |             |
| _  |  |             |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |             |
| At least one of the debtors and another                              | Student loans  |             |
| ☐ Check if this claim is for a community debt                        | ☐ Obligations arising out of a separation agreement or divorce that you did not  |             |
| s the claim subject to offset?                                       | report as priority claims  |             |
| No   | $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts  |             |
| □Yes   | ■ Other. Specify Credit Card   |             |
| _owe's/Synchrony Bank  | Last 4 digits of account number 8730   | \$4,447.37  |
| Nonpriority Creditor's Name  | When we the debt in some do  |             |
| P O box 530914<br>Atlanta, GA 30353-0914                             | When was the debt incurred?  |             |
| lumber Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply  |             |
| Who incurred the debt? Check one.                                    |  |             |
| Debtor 1 only  | ☐ Contingent   |             |
| Debtor 2 only  | ☐ Unliquidated   |             |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:   |             |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |             |
| debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not  |             |
| s the claim subject to offset?                                       | report as priority claims  |             |
| No   | Debts to pension or profit-sharing plans, and other similar debts  |             |
| □Yes   | Other. Specify Credit Card   |             |
| Navy Federal Cr Union  | Last 4 digits of account number 6177   | \$24,217.00 |
| Nonpriority Creditor's Name PO Box 3700                              | When was the debt incurred?  |             |
| Merrifield, VA 22119   |  |             |
| Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply  |             |
| Who incurred the debt? Check one.                                    |  |             |
| Debtor 1 only  | ☐ Contingent   |             |
| Debtor 2 only  | ☐ Unliquidated   |             |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
| $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:   |             |
| Check if this claim is for a community                               | Student loans  |             |
| lebt<br>s the claim subject to offset?                               | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |             |
| □ Yes  | ■ Other. Specify Credit Card   |             |

| Debtor | 1 Elizabeth Janet Foraker   | Case number (if known)   |             |  |  |  |
|--------|---|--|-------------|--|--|--|
| 4.5    | Navy Federal Credit Union  Nonpriority Creditor's Name P O Box 131 La Luz, NM 88337-0131  | When was the debt incurred?  | \$23,676.77 |  |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply  |             |  |  |  |
|        | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |             |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts |             |  |  |  |
|        | Yes   | Other. Specify Credit Card   |             |  |  |  |
| 4.6    | Sears/CBNA  | Last 4 digits of account number 4539   | \$8,075.00  |  |  |  |
|        | Nonpriority Creditor's Name P O Box 6217 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.                        | When was the debt incurred?  As of the date you file, the claim is: Check all that apply   |             |  |  |  |
|        | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |             |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt                                      | ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not   |             |  |  |  |
|        | Is the claim subject to offset?  ■ No □ Yes   | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Credit Card  |             |  |  |  |
| 4.7    | SYNCB/JCPenney Nonpriority Creditor's Name  | Last 4 digits of account number 2541   | \$284.00    |  |  |  |
|        | P O Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one.   | When was the debt incurred?  As of the date you file, the claim is: Check all that apply   |             |  |  |  |
|        | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |             |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐    | □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts |             |  |  |  |
|        | ■ No □ Yes  | Other. Specify Credit Card   |             |  |  |  |

| Debtor 1           | Elizabeth                               | Janet Foraker   |   | Case nu      | ımber (if known)                      |                            |
|--------------------|---|---|---|--------------|---------------------------------------|----------------------------|
|                    | Syncb/Lowe                              |   | Last 4 digits of account number   | 2912         |                                       | \$4,564.00                 |
|                    | P O Box 96                              | 5036  | When was the debt incurred?   |              |                                       | -                          |
|                    | Number Street (                         | _ <b>32896-5036</b> City State Zip Code                   | As of the date you file, the claim  | is: Check    | all that apply                        |                            |
|                    | _                                       | the debt? Check one.                                      |   |              |                                       |                            |
|                    | ■ Debtor 1 onl                          | •   | ☐ Contingent  |              |                                       |                            |
|                    | Debtor 2 onl                            |   | ☐ Unliquidated  |              |                                       |                            |
|                    | Debtor 1 and                            | •   | ☐ Disputed  Type of NONPRIORITY unsecure  | d claim:     |                                       |                            |
|                    | _                                       | of the debtors and another                                | ☐ Student loans   | a ciaiii.    |                                       |                            |
|                    | debt                                    | s claim is for a community bject to offset?               | <u></u>   | aration ag   | reement or divorce that you did not   |                            |
|                    | No                                      | bject to onset:   | Debts to pension or profit-shari  | ng plans, a  | and other similar debts               |                            |
|                    | ☐ Yes                                   |   | Other. Specify Credit Care  | •            |                                       | -                          |
| 4.9                | Wells Fargo                             | Card Service  | Last 4 digits of account number   | 6997         |                                       | \$11,233.00                |
|                    | Nonpriority Cred Crdt Buru D PO Box 145 | Dispute Resolution  | When was the debt incurred?   |              |                                       | -                          |
|                    | Number Street (                         | s, IA 50306-3517 City State Zip Code the debt? Check one. | As of the date you file, the claim  | is: Check    | all that apply                        |                            |
|                    | ■ Debtor 1 onl                          |   | ☐ Contingent  |              |                                       |                            |
|                    | Debtor 2 onl                            |   | ☐ Unliquidated  |              |                                       |                            |
|                    | Debtor 1 and                            | •   | Disputed  |              |                                       |                            |
|                    | _                                       | of the debtors and another                                | Type of NONPRIORITY unsecure  | d claim:     |                                       |                            |
|                    |   | s claim is for a community                                | ☐ Student loans   |              |                                       |                            |
|                    | debt                                    | bject to offset?  | Obligations arising out of a sep report as priority claims  | aration ag   | reement or divorce that you did not   |                            |
|                    | No                                      |   | Debts to pension or profit-shari  | ng plans, a  | and other similar debts               |                            |
|                    | ☐ Yes                                   |   | Other. Specify Credit Care  | d            |                                       | -                          |
| Part 3:            | List Othors                             | s to Be Notified About a Deb                              | at That You Alroady Listed  |              |                                       |                            |
|                    |   |   | · · · · · · · · · · · · · · · · · · ·   |              | du liste d in Dorto 4 or 2. For even  | ala if a collection agency |
| is tryin<br>have m | g to collect fro<br>nore than one c     | m you for a debt you owe to so                            | bout your bankruptcy, for a debt that<br>meone else, list the original creditor in<br>you listed in Parts 1 or 2, list the add<br>r submit this page. | n Parts 1    | or 2, then list the collection agenc  | y here. Similarly, if you  |
|                    | d Address                               |   | On which entry in Part 1 or Part 2 did you  | ı list the o | riginal creditor?                     |                            |
|                    | s & Cohen <i>F</i><br>x 48458           | Associates, Ltd.  | _   | _            | Creditors with Priority Unsecured Cla |                            |
|                    | ustison Stre                            | eet   | •   | Part 2: 0    | Creditors with Nonpriority Unsecured  | Claims                     |
| Oak Pa             | ark, MI 4823                            |   |   |              |                                       |                            |
|                    |   |   | Last 4 digits of account number   | 73           | 347                                   |                            |
| Part 4:            | Add the Ar                              | mounts for Each Type of Un                                | secured Claim   |              |                                       |                            |
| 6. Total th        |   | certain types of unsecured clair                          | ms. This information is for statistical   | reporting    | purposes only. 28 U.S.C. §159. Ad     | d the amounts for each     |
|                    |   |   |   |              | Total Claim                           |                            |
|                    | 6a.                                     | Domestic support obligations                              |   | 6a.          | \$                                    |                            |
| Total claims       |   |   |   |              |                                       |                            |
| from Par           |   | Taxes and certain other debts                             |   | 6b.          | \$0.00                                | _                          |
|                    | 6c.                                     |   | njury while you were intoxicated  | 6c.          | \$ 0.00                               | _                          |
|                    | 6d.                                     | Otner. Add all other priority unse                        | ecured claims. Write that amount here.  | 6d.          | \$                                    | <br><del> </del>           |
|                    |   |   |   |              |                                       |                            |

Official Form 106 E/F

## Debtor 1 Elizabeth Janet Foraker

Case number (if known)

|              | 6f. | Student loans   |
|--------------|-----|---|
| Total claims |     |   |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   |
|              |     |   |

| 01  | Total Claim      |
|-----|------------------|
| 6f. | \$<br>0.00       |
|     |                  |
| 6g. | \$<br>0.00       |
| 6h. | \$<br>0.00       |
| 6i. | \$<br>101,254.43 |
| 6j. | \$<br>101,254.43 |

| Fill in this infor     | mation to identify your  | case:                |           |                       |
|------------------------|--------------------------|----------------------|-----------|-----------------------|
| Debtor 1               | Elizabeth Janet F        | oraker               |           |                       |
|                        | First Name               | Middle Name          | Last Name |                       |
| Debtor 2               |                          |                      |           |                       |
| (Spouse if, filing)    | First Name               | Middle Name          | Last Name |                       |
| United States Ba       | ankruptcy Court for the: | DISTRICT OF NEW MEXI | СО        |                       |
| Case number (if known) |                          |                      |           | ☐ Check if this is an |
|                        |                          |                      |           | amended filing        |

# Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the<br>or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.2 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | <del>_</del>                            |
| 2.3 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | <del>_</del>                            |
| 2.4 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.5 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          | <del>=</del>                            |
|     |           |              |  |                   |   |

| Fill in this info                      | ormation to identify your  | case.   |   |  |  |
|--|--|---|---|--|--|
| Debtor 1                               |  |   |   |  |  |
| Debior 1                               | Elizabeth Janet F First Name   | Middle Name   | Last Name                               |  |  |
| Debtor 2                               | First Name   | Middle Name   | Last Name                               |  |  |
| (Spouse if, filing)                    |  |   |   |  |  |
| United States E                        | Bankruptcy Court for the:  | DISTRICT OF NEW MEXIC                                     | :0                                      |  |  |
| Case number<br>(if known)              |  |   |   |  | ☐ Check if this is an amended filing   |
| Official F                             | orm 106H   |   |   |  |  |
|  | e H: Your Cod  | obtoro  |   |  | 40/45  |
| Schedul                                | e n. Your Cou  | eptors  |   |  | 12/15  |
| ill it out, and n<br>our name and      | number the entries in the<br>case number (if known)                                    |   | e Additional Page t                     | o this page. On the top  | eded, copy the Additional Page,<br>of any Additional Pages, write  |
| ■ No                                   |  |   |   |  |  |
| ☐ Yes                                  |  |   |   |  |  |
| 2. Within t                            | he last 8 vears, have you  | lived in a community prope                                | erty state or territor                  | v? (Community property   | states and territories include   |
|  |  | Nevada, New Mexico, Puerto                                |   |  | states and termemos merade   |
| □ No. Go                               | to line 3  |   |   |  |  |
| _                                      |  | use, or legal equivalent live wit                         | th you at the time?                     |  |  |
|  |  |   | , |  |  |
|  | -  |   |   |  |  |
| ■ Y                                    | es.  |   |   |  |  |
|  | In which community stat  | e or territory did you live?                              | -NONE-                                  | . Fill in the name and   | d current address of that person.  |
|  | Name of your spouse, former sp<br>Number, Street, City, State & Zip                    |   |   |  |  |
| in line 2 ag<br>Form 106I<br>out Colum | gain as a codebtor only i<br>D), Schedule E/F (Officia<br>nn 2.<br>mn 1: Your codebtor | f that person is a guarantor<br>Form 106E/F), or Schedule | or cosigner. Make                       | sure you have listed the 16G). Use Schedule D, S  Column 2: The cree | with you. List the person shown<br>e creditor on Schedule D (Official<br>schedule E/F, or Schedule G to fill<br>ditor to whom you owe the debt |
| name,                                  | , Number, Street, City, State and Z  | P Code  |   | Check all schedules  | s that apply:  |
| 3.1                                    |  |   |   | Schedule D, line   |  |
| Name                                   | •  |   |   | ☐ Schedule E/F, lir  |  |
|  |  |   |   | ☐ Schedule G, line   |  |
| Numb<br>City                           | er Street  | State   | ZIP Code                                |  |  |
| 3.2                                    |  |   |   | ☐ Schedule D, line   |  |
| Name                                   | 1  |   |   | Schedule E/F, lir  |  |
|  |  |   |   | ☐ Schedule G, line   |  |
| Numb                                   | er Street  |   |   | _  |  |
| City                                   |  | State   | ZIP Code                                |  |  |

Otticial Form 106H Schedule H: Your Codebtors Page 1 of 1
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Case 19-12364-t7 Doc 1 Filed 10/17/19 Entered 10/17/19 12:16:21 Page 25 of 39

|      |  |  |                       |             |      | _               |                     |            |                        |          |
|------|--|--|-----------------------|-------------|------|-----------------|---------------------|------------|------------------------|----------|
|      | in this information to identify you btor 1                     | our case:<br>h Janet Foraker   |                       |             |      |                 |                     |            |                        |          |
|      | btor 2   | II Janet Forakei   |                       |             |      |                 |                     |            |                        |          |
| 1 -  | ouse, if filing)   |  |                       |             |      |                 |                     |            |                        |          |
| Un   | ited States Bankruptcy Court fo                                | or the: DISTRICT OF NEW  | MEXICO                |             |      |                 |                     |            |                        |          |
|      | se number  |  | _                     |             |      | Check if        |                     |            |                        |          |
| (" K | nown   |  |                       |             |      |                 | amended<br>upplemen |            | g postpetition         | chapter  |
| _    | W : 1 E 4001   |  |                       |             |      |                 |                     |            | ollowing date:         |          |
|      | fficial Form 106l  |  |                       |             |      | MM              | / DD/ YY            | ΥY         |                        |          |
| S    | chedule I: Your I  | ncome  |                       |             |      |                 |                     |            |                        | 12/1     |
| Pa   | rt 1: Describe Employm   | orm. On the top of any addit   |                       |             |      |                 |                     |            |                        |          |
| 1.   | Fill in your employment information.                           |  | Debtor 1              |             |      | D               | ebtor 2 d           | or non-fil | ling spouse            |          |
|      | If you have more than one jo                                   | b, Employment status   | ☐ Employed            |             |      |                 | <b>I</b> Employ     | /ed        |                        |          |
|      | information about additional                                   | ,  | ■ Not employed        |             |      |                 | Not em              | ployed     |                        |          |
|      | employers.   | Occupation   | Retired               |             |      |                 |                     |            |                        |          |
|      | Include part-time, seasonal, on self-employed work.            | Employer's name  |                       |             |      |                 |                     |            |                        |          |
|      | Occupation may include stud or homemaker, if it applies.       | lent Employer's address  |                       |             |      |                 |                     |            |                        |          |
|      |  | How long employed  | there?                |             |      |                 |                     |            |                        |          |
| Pa   | rt 2: Give Details About                                       | : Monthly Income   |                       |             |      |                 |                     |            |                        |          |
|      | imate monthly income as of t use unless you are separated.     | he date you file this form. If   | you have nothing to r | eport for   | any  | line, write \$6 | 0 in the s          | pace. Inc  | lude your no           | n-filing |
|      | ou or your non-filing spouse have space, attach a separate she |  | ombine the informatio | n for all e | empl | oyers for tha   | at person           | on the lir | nes below. If          | you need |
|      |  |  |                       |             |      | For Debto       | or 1                |            | otor 2 or<br>ng spouse |          |
| 2.   | List monthly gross wages, deductions). If not paid month       | salary, and commissions (but the control of the con |                       | 2.          | \$   |                 | 0.00                | \$         | N/A                    | -        |
| 3.   | Estimate and list monthly of                                   | overtime pay.  |                       | 3.          | +\$  |                 | 0.00                | +\$        | N/A                    | -        |
| 4.   | Calculate gross Income. A                                      | dd line 2 + line 3.  |                       | 4.          | \$   | 0.              | .00                 | \$         | N/A                    |          |

|     |                                 |   |                                 | For                  | Debtor 1                                 |                      | Debtor 2 or -filing spouse      |         |
|-----|---------------------------------|---|---------------------------------|----------------------|--|----------------------|---------------------------------|---------|
|     | Сору                            | r line 4 here   | 4.                              | \$                   | 0.00                                     | \$                   | N/A                             |         |
| 5.  | List a                          | all payroll deductions:   |                                 |                      |  |                      |                                 |         |
|     | 5a.                             | Tax, Medicare, and Social Security deductions   | 5a.                             | \$                   | 0.00                                     | \$                   | N/A                             |         |
|     | 5b.                             | Mandatory contributions for retirement plans  | 5b.                             | \$_                  | 0.00                                     | \$_                  | N/A                             |         |
|     | 5c.                             | Voluntary contributions for retirement plans  | 5c.                             | \$                   | 0.00                                     | \$                   | N/A                             |         |
|     | 5d.                             | Required repayments of retirement fund loans  | 5d.                             | \$_                  | 0.00                                     | \$_                  | N/A                             |         |
|     | 5e.                             | Insurance   | 5e.                             | \$                   | 0.00                                     | \$_                  | N/A                             |         |
|     | 5f.                             | Domestic support obligations  | 5f.                             | \$                   | 0.00                                     | \$                   | N/A                             |         |
|     | 5g.                             | Union dues  | 5g.                             | \$                   | 0.00                                     | \$                   | N/A                             |         |
|     | 5h.                             | Other deductions. Specify:  | 5h.+                            | \$_                  | 0.00                                     | - \$                 | N/A                             |         |
| 6.  | Add                             | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                              | \$                   | 0.00                                     | \$                   | N/A                             |         |
| 7.  | Calcu                           | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                              | \$                   | 0.00                                     | \$                   | N/A                             |         |
| 8.  | 8b.<br>8c.<br>8d.<br>8e.<br>8f. | All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | 8a.<br>8b.<br>8c.<br>8d.<br>8e. | \$<br>\$<br>\$<br>\$ | 0.00<br>0.00<br>0.00<br>0.00<br>1,456.90 | \$<br>\$<br>\$<br>\$ | N/A<br>N/A<br>N/A<br>N/A<br>N/A |         |
|     |                                 | Specify: Husbands VA  | _ 8f.                           | \$_                  | 1,599.13                                 | \$                   | N/A                             |         |
|     |                                 | DFAS  |                                 | \$                   | 318.00                                   | \$                   | N/A                             |         |
|     | 8g.                             | Pension or retirement income  | <br>8g.                         | \$                   | 0.00                                     | \$                   | N/A                             |         |
|     | 8h.                             | Other monthly income. Specify:  | _ 8h.+                          | \$                   | 0.00                                     | - \$                 | N/A                             |         |
| 9.  | Add                             | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                              | \$                   | 3,374.03                                 | \$_                  | N/A                             |         |
| 10. | Calcı                           | ulate monthly income. Add line 7 + line 9.  | 10. \$                          |                      | 3,374.03 + \$                            |                      | N/A = \$ 3,3                    | 74.03   |
|     |                                 | he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |                                 |                      |  |                      | 10/A                            | 77 4.00 |
| 11. | State<br>Include<br>other       | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a   | depend                          |                      |  |                      | Schedule J.<br>11. +\$          | 0.00    |
| 12. |                                 | the amount in the last column of line 10 to the amount in line 11. The resinthat amount on the Summary of Schedules and Statistical Summary of Certaines  |                                 |                      | •  |                      |                                 | 374.03  |
| 13. | Do ye                           | ou expect an increase or decrease within the year after you file this form'   | ?                               |                      |  |                      | monthly inc                     | come    |
|     | _                               | Yes. Explain:   |                                 |                      |  |                      |                                 |         |
|     | Ц                               | 1 oo. Explain.  |                                 |                      |  |                      |                                 |         |

| Fill  | in this informa            | ation to identify y                                   | our case:     |   |  |                              |   |   |
|-------|----------------------------|---|---------------|---|--|------------------------------|---|---|
| Deb   | tor 1                      | Elizabeth Ja  | net Foral     | ker   |  | Chec                         | k if this is:                             |   |
| Dob   | tor 2                      |   |               |   |  | _                            | An amended filing                         | ing postpotition aboutor                      |
|       | ouse, if filing)           |   |               |   |  |                              | A supplement snow<br>13 expenses as of t  | ving postpetition chapter the following date: |
| Unite | ed States Bank             | ruptcy Court for the                                  | : DISTRI      | CT OF NEW MEXICO  |  | -                            | MM / DD / YYYY                            |   |
|       | e number<br>nown)          |   |               |   |  |                              |   |   |
| Of    | ficial Fo                  | orm 106J  |               |   |  |                              |   |   |
|       |                            | J: Your   |               |   |  |                              |   | 12/15   |
| info  | rmation. If m              | and accurate as<br>nore space is ne<br>n). Answer eve | eded, atta    | . If two married people ar<br>ich another sheet to this<br>n. | e filing together, be<br>form. On the top of | oth are equa<br>fany additio | ally responsible fo<br>nal pages, write y | r supplying correct<br>our name and case      |
|       |                            | ribe Your House                                       | ehold         |   |  |                              |   |   |
| 1.    | Is this a join             |   |               |   |  |                              |   |   |
|       | ■ No. Go to                |   | in a sonar    | ate household?  |  |                              |   |   |
|       | □ res. Doe                 |   | iii a sepai   | ate nousenoid:  |  |                              |   |   |
|       |                            | -   | st file Offic | al Form 106J-2, <i>Expenses</i>                               | for Separate House                           | ehold of Debt                | or 2.                                     |   |
| 2.    | Do you hav                 | e dependents?   | □ No          |   |  |                              |   |   |
|       | Do not list D<br>Debtor 2. | •   | Yes.          | Fill out this information for each dependent                  | Dependent's relati<br>Debtor 1 or Debto      |                              | Dependent's age                           | Does dependent live with you?                 |
|       | Do not state               | the   |               |   |  |                              |   | □ No  |
|       | dependents                 | names.  |               |   | Granddaughte                                 | er                           |   | Yes   |
|       |                            |   |               |   |  |                              |   | □ No<br>□ Yes                                 |
|       |                            |   |               |   |  |                              |   | □ No  |
|       |                            |   |               |   |  |                              |   | □ Yes   |
|       |                            |   |               |   |  |                              |   | □ No  |
|       |                            |   |               |   |  |                              |   | ☐ Yes   |
| 3.    | expenses of                | penses include<br>of people other t<br>d your depende | han _         | No<br>Yes   |  |                              |   |   |
| Part  |                            | nate Your Ongoi                                       |               |   |  |                              |   |   |
| exp   |                            | a date after the                                      |               | uptcy filing date unless y<br>y is filed. If this is a supp   |  |                              |   |   |
|       |                            |   |               | government assistance it                                      |  |                              |   |   |
|       | icial Form 10              |   | a nave inc    | riuded it on S <i>criedule I: 1</i>                           | our income                                   |                              | Your expe                                 | enses   |
| 4.    |                            | or home owners  |               | ses for your residence. In                                    | nclude first mortgage                        | e<br>4. \$                   |   | 1,100.00                                      |
|       | If not include             | ded in line 4:  |               |   |  |                              |   |   |
|       | 4a. Real                   | estate taxes  |               |   |  | 4a. \$                       |   | 0.00  |
|       |                            | erty, homeowner'                                      | s, or renter  | 's insurance  |  | 4b. \$                       |   | 0.00  |
|       |                            |   |               | upkeep expenses   |  | 4c. \$                       |   | 0.00  |
| _     |                            | eowner's associa                                      |               |   |  | 4d. \$                       |   | 0.00  |
| 5.    | Additional i               | mortgage paym   | ents for yo   | our residence, such as ho                                     | me equity loans                              | 5. \$                        |   | 0.00  |

Official Form 106J Schedule J: Your Expenses
Case 19-12364-t7 Doc 1 Filed 10/17/19 Entered 10/17/19 12:16:21 Page 28 of 39

| ebtor 1                | Elizabeth Janet Foraker   | Case num     | ibei (ii kilowii) |                              |
|------------------------|---|--------------|-------------------|------------------------------|
| . Utilit               |   |              |                   |                              |
| 6a.                    | Electricity, heat, natural gas  | 6a.          | · <u> </u>        | 138.00                       |
| 6b.                    | Water, sewer, garbage collection  | 6b.          |                   | 0.00                         |
| 6c.                    | Telephone, cell phone, Internet, satellite, and cable services  | 6c.          | \$                | 0.00                         |
| 6d.                    | Other. Specify: Cell phone  | 6d.          | \$                | 75.00                        |
|                        | Cable   |              | \$                | 82.00                        |
|                        | Internet  |              | \$                | 82.00                        |
| Food                   | and housekeeping supplies   | 7.           | \$                | 500.00                       |
| Child                  | dcare and children's education costs  | 8.           | \$                | 0.00                         |
| Cloth                  | ning, laundry, and dry cleaning   | 9.           | \$                | 125.00                       |
| ). Pers                | onal care products and services   | 10.          | \$                | 100.00                       |
| . Medi                 | ical and dental expenses  | 11.          | \$                | 30.00                        |
| 2. Tran                | sportation. Include gas, maintenance, bus or train fare.  |              |                   | 205.00                       |
|                        | ot include car payments.  | 12.          | ·                 | 225.00                       |
|                        | rtainment, clubs, recreation, newspapers, magazines, and books  | 13.          | ·                 | 50.00                        |
|                        | itable contributions and religious donations  | 14.          | \$                | 359.00                       |
| 5. Insu                |   |              |                   |                              |
|                        | ot include insurance deducted from your pay or included in lines 4 or 20.   | 150          | ¢                 | 100.00                       |
|                        | Life insurance  | 15a.         | *                 | 168.00                       |
|                        | Health insurance Vehicle insurance  | 15b.<br>15c. | · : ———           | 0.00                         |
|                        |   |              | ·                 | 160.00                       |
|                        | Other insurance. Specify: Dental Ins  | 15d.         | <b>&gt;</b>       | 46.00                        |
| Spec                   | ·   | 16.          | \$                | 0.00                         |
|                        | illment or lease payments:  |              | •                 |                              |
|                        | Car payments for Vehicle 1  | 17a.         | ·                 | 0.00                         |
|                        | Car payments for Vehicle 2  | 17b.         | ·                 | 0.00                         |
|                        | Other. Specify:   | 17c.         | ·                 | 0.00                         |
|                        | Other. Specify:   | 17d.         | \$                | 0.00                         |
| dedu                   | payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   |              |                   | 0.00                         |
| 9. <b>Othe</b><br>Spec | er payments you make to support others who do not live with you.  | 19.          | \$                | 0.00                         |
| ). Othe                | r real property expenses not included in lines 4 or 5 of this form or on Sche   | edule I: Yo  | our Income.       |                              |
| 20a.                   | Mortgages on other property   | 20a.         | \$                | 0.00                         |
| 20b.                   | Real estate taxes   | 20b.         | \$                | 0.00                         |
| 20c.                   | Property, homeowner's, or renter's insurance  | 20c.         | \$                | 0.00                         |
| 20d.                   | Maintenance, repair, and upkeep expenses  | 20d.         | \$                | 0.00                         |
| 20e.                   | Homeowner's association or condominium dues   | 20e.         | \$                | 0.00                         |
| l. Othe                | r: Specify: Storage   | 21.          | +\$               | 70.00                        |
| Vehi                   | icle Maintenance  |              | +\$               | 75.00                        |
| . Calc                 | ulate your monthly expenses   |              |                   |                              |
|                        | Add lines 4 through 21.   |              | \$                | 3,385.00                     |
|                        | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |              | \$                | <u> </u>                     |
|                        | Add line 22a and 22b. The result is your monthly expenses.  |              | \$                | 3,385.00                     |
| 220.                   | muu iino 22a anu 22b. The result is your monthly expenses.  |              | <sup>Ψ</sup>      | 3,303.00                     |
| 3. Calc                | ulate your monthly net income.  |              |                   |                              |
| 23a.                   | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.         | \$                | 3,374.03                     |
| 23b.                   | Copy your monthly expenses from line 22c above.   | 23b.         | -\$               | 3,385.00                     |
|                        |   |              |                   |                              |
| 23c.                   | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .   | 23c.         | \$                | -10.97                       |
|                        | ou expect an increase or decrease in your expenses within the year after your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you |              |                   | ase or decrease because of a |
|                        | -   |              |                   |                              |

Official Form 106J Schedule J: Your Expenses
Case 19-12364-t7 Doc 1 Filed 10/17/19 Entered 10/17/19 12:16:21 Page 29 of 39

| Fill in this inform             | mation to identify your                          | case:                     |                            |                               |  |
|---------------------------------|--|---------------------------|----------------------------|-------------------------------|--|
| Debtor 1                        | Elizabeth Janet F                                | oraker                    |                            |                               |  |
| D 11 0                          | First Name                                       | Middle Name               | Last Name                  |                               |  |
| Debtor 2<br>(Spouse if, filing) | First Name                                       | Middle Name               | Last Name                  |                               |  |
| United States Bar               | nkruptcy Court for the:                          | DISTRICT OF NEW MEXI      | СО                         |                               |  |
| Case number                     |  |                           |                            |                               |  |
| (if known)                      |  |                           |                            |                               | Check if this is an amended filing                         |
| Official Form                   |  |                           |                            |                               |  |
| Declarat                        | ion About a                                      | ın Individual I           | Debtor's Sch               | nedules                       | 12/15  |
| years, or both. 18              | n Below  |                           | picy case can result in i  | fines up to \$250,000, or imp | Jisoiiiieii ioi up to 20                                   |
| Did you pay                     | y or agree to pay some                           | one who is NOT an attorne | y to help you fill out bar | nkruptcy forms?               |  |
| ■ No                            |  |                           |                            |                               |  |
| ☐ Yes. N                        | Name of person                                   |                           |                            |                               | Petition Preparer's Notice,<br>unature (Official Form 119) |
|                                 | Ity of perjury, I declare<br>e true and correct. | that I have read the summ | ary and schedules filed v  | with this declaration and     |  |
| X /s/ Eliza                     | abeth Janet Foraker                              |                           | Х                          |                               |  |
|                                 | eth Janet Foraker<br>re of Debtor 1              |                           | Signature of De            | ebtor 2                       |  |
| Date (                          | October 17, 2019                                 |                           | Date                       |                               |  |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fill in this info               | ormation to identify you           | r case:  |   |  |                                    |
|---------------------------------|------------------------------------|--|---|--|------------------------------------|
|                                 |                                    |  |   |  |                                    |
| Debtor 1                        | Elizabeth Janet First Name         | Middle Name  | Last Name   |  |                                    |
| Debtor 2<br>(Spouse if, filing) | First Name                         | Middle Name  | Last Name   |  |                                    |
| United States I                 | Bankruptcy Court for the:          | DISTRICT OF NEW ME                                     | XICO  |  |                                    |
| Case number                     |                                    |  |   |  | Check if this is an amended filing |
| Be as complet information. If   | nt of Financial                    | ible. If two married people attach a separate sheet to | duals Filing for B<br>are filing together, both are<br>o this form. On the top of an                | equally responsible for su                 |                                    |
|                                 | , , , ,                            | arital Status and Where Yo                             | u Lived Before  |  |                                    |
| 1. What is yo                   | our current marital statu          | ıs?  |   |  |                                    |
| ☐ Marri                         | ed<br>narried                      |  |   |  |                                    |
| 2. During the                   | e last 3 years, have you           | lived anywhere other than                              | where you live now?   |  |                                    |
| □ No<br>■ Yes.                  | List all of the places you l       | ived in the last 3 years. Do r                         | not include where you live nov  | ı.   |                                    |
| Debtor 1                        | Prior Address:                     | Dates Debtor 1 lived there                             | Debtor 2 Prior Ac   | ldress:                                    | Dates Debtor 2<br>lived there      |
|                                 | prings Rd<br>NM 88337              | From-To:<br><b>2008 - Augus</b><br><b>2019</b>         | ☐ Same as Debtor  | 1  | ☐ Same as Debtor 1 From-To:        |
| states and territ               | <i>torie</i> s include Arizona, Ca |  | egal equivalent in a commur<br>evada, New Mexico, Puerto R<br>Official Form 106H).                  |  |                                    |
| Part 2 Exp                      | lain the Sources of You            | r Income   |   |  |                                    |
| Fill in the t                   | otal amount of income yo           | ou received from all jobs and                          | ng a business during this ye<br>all businesses, including part<br>we together, list it only once ur | -time activities.                          | endar years?                       |
| ■ No<br>□ Yes.                  | Fill in the details.               |  |   |  |                                    |
|                                 |                                    | Debtor 1   |   | Debtor 2                                   |                                    |
|                                 |                                    |  | Crean income  |  | Cuana in a anna                    |
|                                 |                                    | Sources of income<br>Check all that apply.             | Gross income (before deductions and   | Sources of income<br>Check all that apply. | Gross income (before deductions    |

Official Form 107

| 5. | Include include and other p | ome regard   | lless of wheth<br>fit payments;   | e during this year or the e<br>er that income is taxable.<br>pensions; rental income; in<br>e and you have income the  | Examples of othe<br>nterest; dividends  | <i>r income</i> are a<br>; money collec  | alimony; child suppeted from lawsuits;   | royalties; and gam  |                                  |
|----|-----------------------------|--|---|--|---|--|--|---|----------------------------------|
|    | List each s                 | ource and t  | he gross inco   | me from each source sepa   | arately. Do not ind   | clude income t   | hat you listed in lin  | ne 4.   |                                  |
|    | □ No                        |  |   |  |   |  |  |   |                                  |
|    | _                           | Fill in the de   | etails.   |  |   |  |  |   |                                  |
|    |                             |  |   |  |   |  |  |   |                                  |
|    |                             |  |   | Debtor 1<br>Sources of income  | Gross inco  | mo from  | Debtor 2<br>Sources of inc   | omo Gra   | oss income                       |
|    |                             |  |   | Describe below.  | each source   | ce<br>luctions and   | Describe below.  | . (be   | fore deductions<br>d exclusions) |
|    | m January<br>date you f     |  | nt year until<br>nkruptcy:  | SS, VA, DFAS   | :   | \$30,366.00  |  |   |                                  |
|    | last calend<br>nuary 1 to   |  | 31, 2018 )  | SS, VA, DFAS   | !   | \$40,488.00  |  |   |                                  |
|    | the calend                  |  |   | SS, VA, DFAS   | !   | \$40,488.00  |  |   |                                  |
|    |                             | individual puring the No. Yes  * Subject  Debtor 1 c During the  No. Yes | 90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include<br>to adjustment<br>or Debtor 2 o<br>90 days befo<br>Go to line 7<br>List below e<br>include pay<br>attorney for | ach creditor to whom you editor. Do not include payr payments to an attorney for on 4/01/22 and every 3 your both have primarily course you filed for bankruptcy | chold purpose."  , did you pay any paid a total of \$6, nents for domestion this bankruptcy ears after that for nsumer debts.  , did you pay any paid a total of \$60 | creditor a tota 825* or more is c support oblig case. cases filed on creditor a tota | in one or more pay gations, such as che or after the date or of \$600 or more? | re?  ments and the tota ild support and alia f adjustment.  you paid that credi | al amount you<br>mony. Also, do  |
|    | Creditor's                  | s Name and   | d Address   | Dates of pay   | ment Tot  | al amount<br>paid  | Amount you still owe   | Was this payme  | ent for                          |
| 7. | Insiders income of which yo | clude your r<br>ou are an of   | elatives; any ficer, director,  | bankruptcy, did you mal<br>general partners; relatives<br>person in control, or own  | of any general pa<br>er of 20% or more  | artners; partne<br>of their voting   | erships of which you   | u are a general pa<br>ny managing agent   | t, including one for             |
|    | alimony.                    |  | e as a sole pr  | opilicioi. 11 0.0.0. § 101.  |   |  |  |   | pport and                        |
|    | alimony.                    | List all pavn  | ·   |  |   |  |  |   | pport and                        |
|    | alimony.  No Yes. I         | List all payn  | nents to an inc   |  | ment Tot  | al amount<br>paid  | Amount you still owe   | Reason for this   |                                  |

Case number (if known)

Official Form 107

Debtor 1 Elizabeth Janet Foraker

| De  | btor 1 Elizabeth Janet Foraker  |                           | Cas                  | e number (if known)  |                         |                              |
|-----|---|---------------------------|----------------------|----------------------|-------------------------|------------------------------|
|     |   |                           |                      |                      |                         |                              |
| 8.  | Within 1 year before you filed for bankruptcy insider? Include payments on debts guaranteed or cosign   |                           | ments or transfer a  | iny property on a    | ccount of a de          | ebt that benefited an        |
|     | ■ No □ Yes. List all payments to an insider   |                           |                      |                      |                         |                              |
|     | Insider's Name and Address  | Dates of payment          | Total amount paid    | Amount you still owe | Reason for Include cred | this payment<br>litor's name |
| Pai | rt 4: Identify Legal Actions, Repossessions   | s and Foreclosures        |                      |                      |                         |                              |
|     |   |                           |                      |                      |                         |                              |
| 9.  | Within 1 year before you filed for bankruptcy<br>List all such matters, including personal injury of<br>modifications, and contract disputes. |                           |                      |                      |                         |                              |
|     | ■ No □ Yes. Fill in the details.  |                           |                      |                      |                         |                              |
|     | Case title Case number  | Nature of the case        | Court or agency      |                      | Status of th            | e case                       |
| 10. | Within 1 year before you filed for bankruptc.<br>Check all that apply and fill in the details below.  |                           | erty repossessed, fo | oreclosed, garnis    | hed, attached           | d, seized, or levied?        |
|     | ■ No. Go to line 11. □ Yes. Fill in the information below.  |                           |                      |                      |                         |                              |
|     | Creditor Name and Address   | Describe the Property     |                      | Date                 |                         | Value of the                 |
|     | Greator Name and Address  | Explain what happened     | Í                    | Date                 |                         | property                     |
| 11. | Within 90 days before you filed for bankrupt accounts or refuse to make a payment beca  No Yes. Fill in the details.                          |                           | luding a bank or fin | nancial institutior  | ı, set off any a        | amounts from your            |
|     | Creditor Name and Address   | Describe the action the   | creditor took        | Date<br>taker        | action was              | Amount                       |
| 12. | Within 1 year before you filed for bankruptcy court-appointed receiver, a custodian, or an  |                           | erty in the possessi |                      |                         | efit of creditors, a         |
|     | _   | Other Official:           |                      |                      |                         |                              |
|     | ■ No □ Yes  |                           |                      |                      |                         |                              |
| Pai | rt 5: List Certain Gifts and Contributions  |                           |                      |                      |                         |                              |
|     | Within 2 years before you filed for bankrupto   | cy did you give any gift  | s with a total value | of more than \$60    | O par parsan'           | 2                            |
| 10. | No  | cy, and you give any gind | s with a total value | or more than poo     | o per person:           | •                            |
|     | ☐ Yes. Fill in the details for each gift.   |                           |                      |                      |                         |                              |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts        |                      | Dates<br>the g       | s you gave<br>ifts      | Value                        |
|     | Person to Whom You Gave the Gift and Address:   |                           |                      |                      |                         |                              |
| 14. | Within 2 years before you filed for bankrupte  No   |                           | s or contributions v | vith a total value   | of more than            | \$600 to any charity?        |
|     | Yes. Fill in the details for each gift or contr   |                           |                      | 5.                   |                         |                              |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)              | Describe what you         | i contributed        |                      | s you<br>ributed        | Value                        |
|     | Church of JC LDS Alamogordo, NM 88310   | Tithe                     |                      | Ever                 | y Month                 | \$359.00                     |

| Deb  | otor 1 Elizabeth Janet Foraker                                      | C   | ase number (if known)  |                           |  |  |  |  |
|------|---|---|--|---------------------------|--|--|--|--|
|      |   |   |  |                           |  |  |  |  |
| Part | t 6: List Certain Losses  |   |  |                           |  |  |  |  |
|      |   | unter an aimee van filed fan hankminter, did v  | au laga anuthing bagguag of the  | ft fire other discotor    |  |  |  |  |
|      | or gambling?  | uptcy or since you filed for bankruptcy, did yo   | ou lose anything because of the  | it, fire, other disaster, |  |  |  |  |
|      | No  |   |  |                           |  |  |  |  |
|      | ☐ Yes. Fill in the details.   |   |  |                           |  |  |  |  |
|      | Describe the property you lost and how the loss occurred            | Describe any insurance coverage for the lo  | loss   | Value of property lost    |  |  |  |  |
|      | now the 1033 occurred   | Include the amount that insurance has paid. Li insurance claims on line 33 of Schedule A/B: F                                   | st pending   | 1031                      |  |  |  |  |
| Part | t 7: List Certain Payments or Transfer                              | rs  |  |                           |  |  |  |  |
|      | consulted about seeking bankruptcy or                               | uptcy, did you or anyone else acting on your preparing a bankruptcy petition? preparers, or credit counseling agencies for serv |  | erty to anyone you        |  |  |  |  |
|      | □ No  |   |  |                           |  |  |  |  |
|      | Yes. Fill in the details.   |   |  |                           |  |  |  |  |
|      | Person Who Was Paid<br>Address                                      | Description and value of any prope<br>transferred   | Prty Date payment or transfer was  | Amount of payment         |  |  |  |  |
|      | Email or website address Person Who Made the Payment, if Not        |   | made   | paymom                    |  |  |  |  |
|      | Law Offices of Kenneth G. Egan &                                    |   |  | \$991.00                  |  |  |  |  |
|      | Assoc.  | •   |  | ·                         |  |  |  |  |
|      | 1111 E. Lohman Ave.<br>Las Cruces, NM 88001                         |   |  |                           |  |  |  |  |
|      | bk_egan@yahoo.com   |   |  |                           |  |  |  |  |
|      | Counseling Class  | Summit Financial Education, In  | nc   | \$30.00                   |  |  |  |  |
|      | promised to help you deal with your cre                             | uptcy, did you or anyone else acting on your editors or to make payments to your creditors                                      |  | erty to anyone who        |  |  |  |  |
|      | Do not include any payment or transfer that                         | at you listed on line 16.   |  |                           |  |  |  |  |
|      | No  |   |  |                           |  |  |  |  |
|      | ☐ Yes. Fill in the details.   |   |  |                           |  |  |  |  |
|      | Person Who Was Paid<br>Address                                      | Description and value of any prope transferred  | Prty Date payment or transfer was made                                     | Amount of payment         |  |  |  |  |
| 18   | Within 2 years before you filed for banks                           | cruptcy, did you sell, trade, or otherwise trans  | fer any property to anyone, other  | er than property          |  |  |  |  |
|      | transferred in the ordinary course of you                           |   |  |                           |  |  |  |  |
|      | include gifts and transfers that you have all $\hfill\square$<br>No | Iready listed on this statement.  |  |                           |  |  |  |  |
|      | Yes. Fill in the details.   |   |  |                           |  |  |  |  |
|      | Person Who Received Transfer Address                                | Description and value of property transferred   | Describe any property or<br>payments received or debts<br>paid in exchange | Date transfer was made    |  |  |  |  |
|      | Person's relationship to you  |   |  |                           |  |  |  |  |
|      | Kenneth Eaton   | Sold 4 acres of land in La<br>Luz, NM   | \$40,000.00, Money was used to fix up the house to try to sell it.         | May 2018                  |  |  |  |  |
|      | none  |   | to try to sell it.   |                           |  |  |  |  |

| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pre No                              |  | ny property to a   | self-settle | d trust or similar device                            | e of which you are                | e a   |
|-----|---|--|--|-------------|--|-----------------------------------|-------|
|     | ☐ Yes. Fill in the details.   |  |  |             |  |                                   |       |
|     | Name of trust   | Description and  | value of the pro   | perty trans | sferred  | Date Transfer made                | was   |
| Par | t 8: List of Certain Financial Accounts, In   | struments, Safe Depos  | sit Boxes, and St  | orage Unit  | es   |                                   |       |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No | or other financial acco  | unts; certificates   | s of deposi |  |                                   |       |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number  | · · · · · · · · · · · · · · · · · · ·                          |             | Date account was closed, sold, moved, or transferred | Last bal<br>before closii<br>trai |       |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?  No Yes. Fill in the details.   | year before you filed fo   | or bankruptcy, a   | ny safe dep |  | sitory for securiti               | ies,  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had access to it? Address (Number, Street, City, State and ZIP Code)        |  | Describe    | the contents   | Do you still have it?             |       |
| 22. | Have you stored property in a storage unit  ☐ No ☐ Yes. Fill in the details.  | or place other than you  | ur home within 1   | year befor  | re you filed for bankrup                             | tcy?                              |       |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) |  | Describe    | the contents   | Do you still have it?             |       |
|     | Just Store It<br>1600 1st Street<br>Alamogordo, NM 88310  | Debtor   |  |             | usehold goods,<br>as Decorations                     | □ No<br>■ Yes                     |       |
| Par | t 9: Identify Property You Hold or Control  | I for Someone Else   |  |             |  |                                   |       |
| 23. | Do you hold or control any property that so for someone.  No Yes. Fill in the details.  | omeone else owns? Inc  | lude any proper  | ty you bori | rowed from, are storing                              | for, or hold in tru               | ust   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  |  | Where is the property?<br>(Number, Street, City, State and ZIP |             | Describe the property                                |                                   | /alue |
|     |   | ,  |  |             |  |                                   |       |

### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these su  | air, land, soil, surface water, groun                                     | •                                       |                    |  |  |  |  |
|-----|--|---|---|--------------------|--|--|--|--|
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. |   |   |                    |  |  |  |  |
|     | <i>Hazardous material</i> means anything an environ<br>hazardous material, pollutant, contaminant, or  |   | s waste, hazardous substance, toxic s   | ubstance,          |  |  |  |  |
| Rep | ort all notices, releases, and proceedings that y  | ou know about, regardless of whe  | n they occurred.                        |                    |  |  |  |  |
| 24. | Has any governmental unit notified you that yo   | ou may be liable or potentially liable                                    | e under or in violation of an environme | ental law?         |  |  |  |  |
|     | ■ No<br>□ Yes. Fill in the details.  |   |   |                    |  |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it       | Date of notice     |  |  |  |  |
| 25. | Have you notified any governmental unit of an  | y release of hazardous material?  |   |                    |  |  |  |  |
|     | Yes. Fill in the details.  |   |   |                    |  |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State an ZIP Code)       | Environmental law, if you know it       | Date of notice     |  |  |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  |   |   |                    |  |  |  |  |
|     | ■ No<br>□ Yes. Fill in the details.  |   |   |                    |  |  |  |  |
|     | Case Title<br>Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                      | Status of the case |  |  |  |  |
| Par | 11: Give Details About Your Business or Co   | nnections to Any Business   |   |                    |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy,  | did you own a business or have a  | ny of the following connections to any  | business?          |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  |   |   |                    |  |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |   |   |                    |  |  |  |  |
|     | ☐ A partner in a partnership   |   |   |                    |  |  |  |  |
|     | ☐ An officer, director, or managing execu  | utive of a corporation  |   |                    |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting o  | r equity securities of a corporation                                      | ı                                       |                    |  |  |  |  |
|     |  |   |   |                    |  |  |  |  |

Describe the nature of the business

Name of accountant or bookkeeper

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Yes. Check all that apply above and fill in the details below for each business.

page 6

**Business Name** 

(Number, Street, City, State and ZIP Code)

Address

Official Form 107

No. None of the above applies. Go to Part 12.

**Employer Identification number** 

**Dates business existed** 

Do not include Social Security number or ITIN.

| Debtor 1                                     | Elizabeth Janet Foraker  | c   | Case number (if known)  |
|--|--|---|---|
|  | 2 years before you filed for bankrupt<br>ons, creditors, or other parties. | ccy, did you give a financial statement to  | anyone about your business? Include all financial   |
| ■ No<br>□ Yes                                | s. Fill in the details below.  |   |   |
| Name<br>Addres<br>(Number,                   | SS<br>, Street, City, State and ZIP Code)                                  | Date Issued   |   |
| Part 12: Si                                  | ign Below  |   |   |
| are true and<br>with a bankr<br>18 U.S.C. §§ | correct. I understand that making a  | false statement, concealing property, or<br>\$250,000, or imprisonment for up to 20 y | I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both. |
| Elizabeth Signature o                        | Janet Foraker<br>f Debtor 1  | Signature of Debtor 2   |   |
| Date Octo                                    | ober 17, 2019  | Date  |   |
| Did you attac<br>■ No<br>□ Yes               | ch additional pages to Your Stateme  | ent of Financial Affairs for Individuals Fili   | ing for Bankruptcy (Official Form 107)?   |
| Did you pay ■ No                             | or agree to pay someone who is not   | t an attorney to help you fill out bankrupt   | cy forms?   |
| ☐ Yes. Name                                  | e of Person Attach the Bankru  | ptcy Petition Preparer's Notice, Declaration,   | and Signature (Official Form 119).  |

| Fill in                    | n this information to identify your case:   |  |   | eck one box<br>2A-1Supp:       | only as c                | lirected in this form and                                 | in Form                       |
|----------------------------|---|--|---|--------------------------------|--------------------------|---|-------------------------------|
| Debt                       | or 1 Elizabeth Janet Foraker  |  |   | zri roupp.                     |                          |   |                               |
| Debt<br>(Spou              | tor 2   |  |   | ■ 1. There i                   | s no pres                | umption of abuse  |                               |
| Unite                      | ed States Bankruptcy Court for the: District of New Me  | xico   |   |                                |                          | to determine if a presum<br>made under <i>Chapter 7 N</i> |                               |
| Case                       | e number  |  |   |                                |                          | icial Form 122A-2).                                       | 7001                          |
| (if kno                    | wn)   |  |   |                                |                          | does not apply now be service but it could ap             |                               |
|                            |   |  |   | ☐ Check if                     | this is a                | in amended filing   |                               |
| Off                        | icial Form 122A - 1   |  |   |                                |                          |   |                               |
| Ch                         | apter 7 Statement of Your Cur   | rent Mor   | nthly Inc                               | ome                            |                          |   | 12/15                         |
| attach<br>case i<br>qualif | •   | hich the additior<br>n a presumption<br>tion from Presun | nal information a<br>of abuse becau     | applies. On the                | e top of a<br>t have pri | ny additional pages, write<br>marily consumer debts o     | your name and because of      |
| 1.                         | What is your marital and filing status? Check one on  | ly.  |   |                                |                          |   |                               |
|                            | ■ Not married. Fill out Column A, lines 2-11.   |  |   |                                |                          |   |                               |
|                            | ☐ Married and your spouse is filing with you. Fill ou   |  | ,                                       | 2-11.                          |                          |   |                               |
|                            | Married and your spouse is NOT filing with you.   | _  | -                                       |                                |                          |   |                               |
|                            | ☐ Living in the same household and are not lega   |  |   |                                | •                        |   |                               |
|                            | ☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading  | egally separated   | d under nonban                          | kruptcy law                    | that appli               | es or that you and your                                   |                               |
| 10<br>the                  | Il in the average monthly income that you received from all so 11(10A). For example, if you are filing on September 15, the 6-may 6 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that property.               | onth period would<br>by 6. Fill in the res               | be March 1 thros<br>sult. Do not includ | ugh August 31<br>de any income | . If the amo             | ount of your monthly incom<br>ore than once. For example  | e varied during<br>e, if both |
|                            |   |  |   | Column A Debtor 1              |                          | Column B Debtor 2 or non-filing spouse                    |                               |
| 2.                         | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).   | and commissio  | ons (before all                         | \$                             | 0.00                     | \$  |                               |
| 3.                         | <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.  | payments from  | a spouse if                             | \$                             | 0.00                     | \$  |                               |
| 4.                         | All amounts from any source which are regularly pa<br>of you or your dependents, including child support.<br>from an unmarried partner, members of your household<br>and roommates. Include regular contributions from a sp<br>filled in. Do not include payments you listed on line 3. | Include regular, your depender                           | contributions<br>nts, parents,          | \$                             | 0.00                     | \$  |                               |
| 5.                         | Net income from operating a business, profession,   | or farm  |   |                                |                          |   |                               |
|                            |   |  | otor 1                                  |                                |                          |   |                               |
|                            | Gross receipts (before all deductions)  | \$0.00   |   |                                |                          |   |                               |
|                            | Ordinary and necessary operating expenses   | -\$ 0.00   | Copy here ->                            | ¢                              | 0.00                     | \$  |                               |
|                            | Net monthly income from a business, profession, or farm   | n \$   | Copy nere ->                            | Φ                              | 0.00                     | Ψ   |                               |
| 6.                         | Net income from rental and other real property  | Deb  | otor 1                                  |                                |                          |   |                               |
|                            | Gross receipts (before all deductions)  | \$ 0.00  |   |                                |                          |   |                               |
|                            | Ordinary and necessary operating expenses   | -\$ 0.00   |   |                                |                          |   |                               |
|                            | Net monthly income from rental or other real property   | \$ 0.00  | Copy here ->                            | \$                             | 0.00                     | \$  |                               |
| 7.                         | Interest, dividends, and royalties  |  |   | \$                             | 0.00                     | \$  |                               |

Official Form 122A-1

|  |  |          | Column<br>Debtor |                | Column B Debtor 2 or non-filing sp | oouse       |               |
|--|--|----------|------------------|----------------|------------------------------------|-------------|---------------|
| 8. Unemployment compensation   |  |          | \$               | 0.00           | \$                                 |             |               |
| Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:   |  | under    |                  |                |                                    |             |               |
| For you §  | 0.00   | 0_       |                  |                |                                    |             |               |
| For your spouse \$   |  | _        |                  |                |                                    |             |               |
| <ol> <li>Pension or retirement income. Do not include any ar<br/>benefit under the Social Security Act.</li> </ol>   |  |          | \$               | 0.00           | \$                                 |             |               |
| 10. Income from all other sources not listed above. Sp. Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below.   | Security Act or payments<br>manity, or international o | s<br>or  |                  |                |                                    |             |               |
| VA & DFAS  |  | _        | \$               | 1,917.13       | \$                                 |             |               |
|  |  |          | \$               | 0.00           | \$                                 |             |               |
| Total amounts from separate pages, if any.   |  | +        | \$               | 0.00           | \$                                 |             |               |
| 11. Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column A total fo |  | \$       | 1,917.13         |                |                                    |             | 1,917.13      |
|  |  |          |                  |                |                                    | income      | rrent monthly |
| Part 2: Determine Whether the Means Test Applies   | to You   |          |                  |                |                                    |             |               |
| 12. Calculate your current monthly income for the year   | r. Follow these steps:                                 |          |                  |                |                                    |             |               |
| 12a. Copy your total current monthly income from line  | 11   |          | Co               | opy line 11 h  | ere=>                              | \$          | 1,917.13      |
| Multiply by 12 (the number of months in a year)  |  |          |                  |                |                                    | <b>x</b> 1  | 2             |
| 12b. The result is your annual income for this part of th  | ne form  |          |                  |                | 12b.                               | \$ <b>2</b> | 3,005.56      |
| 13. Calculate the median family income that applies to   | you. Follow these steps                                | :        |                  |                |                                    |             |               |
| Fill in the state in which you live.   | NM   |          |                  |                |                                    |             |               |
| Fill in the number of people in your household.  | 2  |          |                  |                |                                    |             |               |
| Fill in the median family income for your state and size   |  |          |                  |                | 13.                                | \$5         | 6,124.00      |
| To find a list of applicable median income amounts, go for this form. This list may also be available at the bank  |  |          |                  |                | iions                              |             |               |
| 14. How do the lines compare?  |  |          |                  |                |                                    |             |               |
| <ul><li>14a. Line 12b is less than or equal to line 13. C</li><li>Go to Part 3.</li></ul>  | On the top of page 1, che                              | ck box   | 1, There         | is no presum   | ption of abuse.                    |             |               |
| 14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.  | of page 1, check box 2,                                | The pre  | esumption        | of abuse is o  | determined by                      | Form 12     | 2A-2.         |
| Part 3: Sign Below   |  |          |                  |                |                                    |             |               |
| By signing here, I declare under penalty of perjury  | that the information on                                | this sta | atement a        | nd in any atta | chments is tru                     | e and co    | rrect.        |
| χ /s/ Elizabeth Janet Foraker  |  |          |                  |                |                                    |             |               |
| Elizabeth Janet Foraker Signature of Debtor 1  |  |          |                  |                |                                    |             |               |
| Date October 17, 2019 MM / DD / YYYY   |  |          |                  |                |                                    |             |               |
| If you checked line 14a, do NOT fill out or file For   | m 122A-2.  |          |                  |                |                                    |             |               |
| If you checked line 14b, fill out Form 122A-2 and  | file it with this form.                                |          |                  |                |                                    |             |               |